

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15175

State File No.

FILED APR 28 1953

BIRTH NO.		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magnolia Branch International Shoe Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> c. CITY OR TOWN <u>Perryville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>N. Walnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>A.</u> c. (Last) <u>Regelsperger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Feb. 1, 1908</u>		9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoeworker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Regelsperger</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Weber</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>493-01-2424</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Genevieve Weidner</u>		ADDRESS <u>St. Louis, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Alcoholism, Chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 to 3 hrs</u> <u>9</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3221	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-12, 1953</u> to <u>4-15, 1953</u> , that I last saw the deceased alive on <u>3-30, 1953</u> , and that death occurred at <u>8:1</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joe J. Zellner</u> (Degree or title)				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>4-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-18-53</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Wallace Young*

Licensed Embalmer No... *4027*

P. O. Address.. *Perryman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.